

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

A DATE OF DEPOSIT	l.		illices		
1. DATE OF REPORT	2.a. NAME OF CA	NDIDATE OR COMMITTE	EE		
1/29/14	Committe	ee to Re-elect	Tim Boyd		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE		
Tim Boyd					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	7:- 0 - 1		
1106 S. Seminole Dr., Eas	-		Zip Code 423–987	Phone	
4.b. CANDIDATE'S HOME ADDRESS (if differen		37412	423-907	-0072	
Street or Rural Route	City	State	Zip Code	Phone	
5. OFFICE SOUGHT (include district number, i	f applicable)	6. NAME OF POLIT	ICAL TREASURER (may be ca	andidate)	
Dist 8 Commissioner			atterson		
7. CATEGORY OR REPORT (Check one)					
FIRST SECOND THIRD	FOURTH	PRE- PR	E- MID-YEAR	V V	
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		PRIMARY GENE	RAL SUPPLEMENTAL	YEAR-END SUPPLEMENTAL	
		8.b. ENDING DATE OF	REPORTING PERIOD		
7/1/13 9. (Check one)		1/15/14	7		
 a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 					
		,			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. Signature of candidate date 1. WITNESS SIGNATURE					
111 1 1		1			
signature of witness	02-19-14 date	Lou (signature of witness	1/29/14 date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT		·····	\$ <u>2029.10</u>		
b. TOTAL RECEIPTS THIS PERIOD			s <u>900.00</u>		
c. TOTAL DISBURSEMENTS THIS PERIOD			\$ 1079.15		
d. BALANCE ON HAND (12.a. plus 12.b. r	minus 12.c.)			1849.95	
e. TOTAL LOANS OUTSTANDING					
f. TOTAL OBLIGATIONS OUTSTANDING	The second secon				



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVER	ING THE PERIOD	
Committee to Re-elect Tim Boyd FROM:			TO: 1/15/14	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)				
a. Unitemized Contributions (\$100 or less from each source this	period)	\$		
b. Itemized Contributions (over \$100 from each source this perio	od)	\$ 900.00		
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add	15.a. and 15.b.) .		\$ 900.00	
16. LOANS RECEIVED THIS REPORTING PERIOD			\$0.00	
17. INTEREST RECEIVED THIS REPORTING PERIOD	17. INTEREST RECEIVED THIS REPORTING PERIOD\$			
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in it	tem 12.b.)		900.00	
DISBURSEMENTS		VIII TARRESTA		
19. EXPENDITURES (other than loan payments)				
a. Expenditures (\$100 or less each payee this period) (must be list	ed by category - e	e.g., printing, postage, ga	asoline)	
Pachyderm Club (membership)	\$ 35.00			
Ham Cty Rep Women	\$ _70.00	<u> </u>		
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	×.			
Total of Expenditures (\$100 or less each payee)		-		
b. Itemized Expenditures (Over \$100 each payee this period)				
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a			A	
	20. LOAN REPAYMENTS MADE THIS PERIOD\$			
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown i	n item 12.c.)	\$	1079.15	
22.IN-KIND CONTRIBUTIONS				
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$ 0.00				
b. Itemized in-kind contributions (over \$100 from each source this period)\$0.00				
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$\$				
23. OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)\$0.00				
b. Itemized Obligations Outstanding (Over \$100 each)\$ _0.00				
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (mu	ıst be shown i iten	n 12.f.)\$	0.00	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	RING THE PERIOD		
Committee to Re-el	TO: 1/15/14		
	Amount		
3. TOTAL ITEMIZED CAMPAIGN CONTR	900.00		
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributions	orl
First Name	Middle Name	Contribution Received For:	
Terry		Contribusion receives 7 of.	Amount of Contribution
Last Name/Organization Name		Primary Election General Election	
Barker			
Address 714 Cherry St.		Runoff (Local Elections Only)	\$125.00
City	State Zip Code	Date of Contribution	Accessed This Florid
Chattanooga	TN 37402	Date of Contribution	Aggregate This Election
Occupation			
		8/11/13	
Employer			
First Name	Middle Name	Contribution Received For	Amount of Contribution
Tracey			Amount of Commission
Last Name/Organization Name		Primary Election General Election	
Barker			4107.00
Address 7.1 / Classes Ct		Runoff (Local Elections Only)	\$125.00
714 Cherry St.			
Chattanooga	State TN Zip Code 37402	Date of Contribution	Aggregate This Election
	111 37 102	8/11/13	
Occupation		0/11/13	
Employer		_ · · · · · · · · · · · · · · · · · · ·	
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Robert Last Name/Organization Name	D.		
		Primary Election General Election	
Philyaw Address			\$150.00
4 Glenarn Ct.		Runoff (Local Elections Only)	
City	State Zip Code	Date of Contribution	A
Signal Mtn	IN 37377	Date of Contribution	Aggregate This Election
Occupation	137377	+	
		10-31-13	
Employer			
First Name	Middle Name	Contribution Received For:	Amount of Contribution
C.L.			/ should of Collaboliding
Last Name/Organization Name		☐ Primary Election ☐ General Election	
Storie			4500 60
Address 620 Melville Ave.		Runoff (Local Elections Only)	\$500.00
City State Zin Corie		Date of Contribution	Aggregate This Et al.
Chattanooga	TN 37412	Sala of Contribution	Aggregate This Election
Occupation			
	3	11-12-13	
Employer		7 11-19-15	
			LES CONTRACTOR DE LA CO
5. TOTAL ITEMIZED CONTRIBUTIONS			
(Carry forward to item 3. of next page if additional pages of this form are used.)			\$900.00
(If this is the last page of contributions, this amount must be shown in item 15b, of summary.)			4,00.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERIN				RING THE PERIOD	
Committee to Re-elect Tim Boyd FROM 7/1/13				TO: 1/15/14	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the per				974.15	
	April 1 Married Spirit	and place of the control of the cont	TO SEE STATE OF THE SECOND SEC	to any payee during the pe	CHARLES THE PROPERTY OF THE PARTY OF THE PAR
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			1		*
Best Buy Address			I-Pad		\$568.08
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Amy			The state of Experience of Exp		Amount of Experiolitie
Last Name/Business Name					
Fletcher Address			Campaign Pho	oto	\$150.00
7.001035					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	Lock News (Consistent News				
Chattanooga Ballet		Advertising		\$150.00	
Address		naverersing		Ψ130.00	
City	State	Zip Code	-		
First Name Tim	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		1		4106.07	
Boyd		Expense Report		\$106.07	
Address			(Christmas Parade)		
City	State	Zip Code			
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
		,			entra di la constanti di la co
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$974.15	